

FROM: McANDREWS, HELD, & MALLOY

(FRI) 11. 7' 03 14:06/ST. 14:05/N0. 4861050588 P 3

26

Attorney Docket No.: 14235US01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Ronald L. Mahany et al.

Serial No.: 09/129,448

Filed: August 4, 1998

For: HIERARCHICAL COMMUNICATION
SYSTEM PROVIDING INTELLIGENT
PROGRAM AND PROCESSING
MIGRATION

I hereby certify that this correspondence is being sent
via facsimile to Toan D. Nguyen, Examiner
at the United States Patent and Trademark Office on

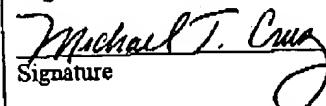
November 7, 2003

Date of Facsimile

Michael T. Cruz

Reg. No. 44,636

Registered Representative



Signature

Examiner: Toan D. Nguyen

Group Art Unit: 2665

Confirmation No.: 4521

RECEIVED
CENTRAL FAX CENTER

NOV 07 2003

OFFICIAL

REPLY TO INTERVIEW SUMMARY

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper responds to the Office Communication mailed on October 10, 2003. In the Office Communication, the Examiner requested that a statement be filed as set forth in an Interview Summary Form for the above-identified application.

FROM: MCANDREWS, HELD, & MALLOY



(FRI) 11. 7' 03 14:06/ST. 14:05/NO. 4861050588 P 1
MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

OFFICIAL

RECEIVED
CENTRAL FAX CEN
NOV 07 2003

ARO PLEASE DELIVER RETURN RECEIPT TO

TELEPHONE: (312) 775-8000
FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

| | |
|------------------------------|-------------------------|
| TO: Toan D. Nguyen, Examiner | FAX NO.: (703) 872-9314 |
| FROM: Michael T. Cruz | USER ID: 8084 |
| CLIENT: 1772 | MATTER: 14235US01 |
| | |

Number of Pages This Transmission (Including Cover Page): 4

I hereby certify that the attached Reply to Interview Summary is being facsimile transmitted to the United States Patent and Trademark Office on November 7, 2003.



Michael T. Cruz

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

FROM, McANDREWS, HELD, & MALLOY

(FRI) 11. 7' 03 14:06/ST. 14:05/NO. 4861050588 P 2

PTO/SB/21 (08-00)

Approved for use through 10/31/2002

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|--|---------------------------------------|--|--|--|---|---|--------------------------------------|-----------------------------------|--|--|--|--|--|---|--|--|--|--|--|---|--|--|---|--|--|--|--|---|--|--|---|--|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number 09/129,448 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date August 4, 1998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor Mahany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit 2665 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name Toan D. Nguyen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket Number 14235US01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Number of Pages in This Submission 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Assignment Papers (for an Application)</td> <td><input type="checkbox"/> After Allowance Communication to Group</td> </tr> <tr> <td><input type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Drawing(s) (sheets)</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input type="checkbox"/> Amendment/Reply</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> Request for Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PTO 1449/08A with references</td> <td><input type="checkbox"/> CD Number of CD(s) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> <td></td> <td></td> </tr> </table> | | | <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) (sheets) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information | <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter | <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | | <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | <input type="checkbox"/> PTO 1449/08A with references | <input type="checkbox"/> CD Number of CD(s) _____ | | <input type="checkbox"/> Certified Copy of Priority Document(s) | | | <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) (sheets) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PTO 1449/08A with references | <input type="checkbox"/> CD Number of CD(s) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td style="width: 15%;">Remarks</td> <td colspan="2">Reply to Interview Summary SENT BY FACSIMILE</td> </tr> </table> | | | Remarks | Reply to Interview Summary SENT BY FACSIMILE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks | Reply to Interview Summary SENT BY FACSIMILE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |